Case 14-23412-NLW Doc 1 Filed 06/30/14 Entered 06/30/14 14:03: Page 1 of 57 Petition

B1 (Official Form 1) (04/13) UNITED STATES BANKRUPTCY COURT VOLUNTARY PETITION District of New Jersey Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): Michael Moshe Cohen All Other Names used by the Debtor in the last 8 years All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): Moshe Cohen, Moshe Michael Cohen, Michael Cohen, Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): (if more than one, state all): -0560 Street Address of Joint Debtor (No. and Street, City, and State): Street Address of Debtor (No. and Street, City, and State): 7 Stanford Court West Orange, NJ ZIP CODE 07052 County of Residence or of the Principal Place of Business County of Residence or of the Principal Place of Essex Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from ZIP CODE ZIP CODE Location of Principal Assets of Business Debtor (if different from street address above) ZIP **C**ODE Chapter of Bankruptcy Code Under Which Type of Debtor Nature of Business (Form of Organization) (Check one box.) the Petition is Filed (Check one box.) (Check one box.) Chapter 15 Petition for Health Care Business Chapter 7 Recognition of a Foreign Chapter 9 Single Asset Real Estate as defined in Individual (includes Joint Debtors) lacksquare11 Ŭ.S.C. § 101(51B) Chapter 11 Main Proceeding See Exhibit D on page 2 of this form. Chapter 15 Petition for Railroad Chapter 12 П Corporation (includes LLC and LLP) Recognition of a Foreign Stockbroker Chapter 13 Partnership Commodity Broker Nonmain Proceeding Other (If debtor is not one of the above entities, check Clearing Bank this box and state type of entity below.) Nature of Debts Chapter 15 Debtors Tax-Exempt Entity (Check box, if applicable.) (Check one box.) Country of debtor's center of main interests: ☐ Debts are primarily consumer Debts are debts, defined in 11 U.S.C. primarily Debtor is a tax-exempt organization business debts. under title 26 of the United States § 101(8) as "incurred by an Each country in which a foreign proceeding by, regarding, or individual primarily for a Code (the Internal Revenue Code). against debtor is pending: personal, family, or household purpose. Chapter 11 Debtors Filing Fee (Check one box.) Check one box: Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Full Filing Fee attached. Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Filing Fee to be paid in installments (applicable to individuals only). Must attach ៕ Check if: signed application for the court's consideration certifying that the debtor is Debtor's aggregate noncontingent liquidated debts (excluding debts owed to unable to pay fee except in installments. Rule 1006(b). See Official Form 3A insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment Filing Fee waiver requested (applicable to chapter 7 individuals only). Must on 4/01/16 and every three years thereafter). attach signed application for the court's consideration. See Official Form 3B. Check all applicable boxes: A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). THIS SPACE IS FOR Statistical/Administrative Information COURT USE ONLY Debtor estimates that funds will be available for distribution to unsecured creditors Debtor estimates that, after any exempt property is excluded and admidistribution to unsecured creditors Estimated Number of Creditors П \checkmark Case # : 14-23412-S7+ 50-99 100-199 200-999 1,000-5,001-1-49 Debtor.: MICHAEL MOSHE COHEN 10.000 5.000 Chapter: S7+ Estimated Assets Filed: June 30, 2014 14:33:25 П П П Deputy : DIANA REAVES \$50.001 to \$100,001 to \$500,001 \$1,000,001 \$10,000,0 \$0 to Receipt: 523558 to \$50 \$50,000 \$100,000 \$500,000 10 \$1 to \$10 Amount: \$335.00 million million million

Estimated Liabilities

\$50,001 to

\$100,000

\$100,001 to

\$500,000

\$500,001

to \$1

million

\$1,000,001

to \$10

million

\$10,000,0

to \$50

million

\$0 to

\$50,000

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Page 2 B1 (Official Form 1) (04/13) **Voluntary Petition** ame of Debtor(s): Michael Moshe Cohen (This page must be completed and filed in every case.) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.) Date Filed Case Number Location Where Filed Date Filed: Case Number: Location Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.) Date Filed: Case Number: Name of Debtor: Judge: Relationship District: Exhibit B Exhibit A (To be completed if debtor is an individual (To be completed if debtor is required to file periodic reports (e.g., forms 10K and whose debts are primarily consumer debts.) 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition Ø No **Exhibit D** (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. If this is a joint petition: Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box.) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately Ø preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. \Box Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

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Page 3 B1 (Official Form 1) (04/13) Voluntary Petition Name of Debtor(s): Michael Moshe Cohen (This page must be completed and filed in every case.) Signatures Signature of a Foreign Representative Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and correct. and that I am authorized to file this petition. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 (Check only one box.) or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. ☐ 1 request relief in accordance with chapter 15 of title 11, United States Code. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I Certified copies of the documents required by 11 U.S.C. § 1515 are attached. have obtained and read the notice required by 11 U.S.C. § 342(b). Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the I request relief in accordance with the chapter of title 11, United States Code, chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached specified in this petition. Х (Signature of Foreign Representative) Signature of Deb X (Printed Name of Foreign Representative) resented by attorney) Date Signature of Non-Attorney Bankruptcy Petition Preparer Signature of Attorney I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as X defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have Signature of Attorney for Debtor(s) provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or Printed Name of Attorney for Debtor(s) guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor Firm Name notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached Address Printed Name and title, if any, of Bankruptcy Petition Preparer Telephone Number Date Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) in the schedules is incorrect. Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true Address and correct, and that I have been authorized to file this petition on behalf of the The debtor requests the relief in accordance with the chapter of title 11, United States Signature Code, specified in this petition. Date Signature of Authorized Individual Signature of bankruptcy petition preparer or officer, principal, responsible person, or Printed Name of Authorized Individual partner whose Social-Security number is provided above. Title of Authorized Individual Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an Date individual If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or

both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT

District of New Jersey

In re Michael Moshe Cohen	Case No.
Debtor	(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.

correct.

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.] ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone. ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit
- I certify under penalty of perjury that the information provided above is true and

Signature of Debtor:

Date: 6/30/14

counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

B 6 Summary (Official Form 6 - Summary) (12/13)

UNITED STATES BANKRUPTCY COURT

District of New Jersey

In re	Michael Moshe Cohen	,	Case No.
-	Debtor		Chapter

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 402,000.00		
B - Personal Property	Yes	3	\$ 11,160.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 517,191.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	13		^{\$} 106,096,741.95	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 3,852.36
J - Current Expenditures of Individual Debtors(s)	Yes	3			\$ 19,062.69
TOTAL		29	\$ 413,160.00	\$ 106,613,932.95	

B 6 Summary (Official Form 6 - Summary) (12/13)

UNITED STATES BANKRUPTCY COURT

		_	District of New Jersey	_
ln re	Michael Moshe Cohen	,		Case No.
	Debtor			Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount	
Domestic Support Obligations (from Schedule E)	\$	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$	0.00
Student Loan Obligations (from Schedule F)	\$	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$	0.00
TOTAL	\$	0.00

State the following:

State III 10110 / 118	 _
Average Income (from Schedule I, Line 12)	\$ 3,852.36
Average Expenses (from Schedule J, Line 22)	\$ 19,062.69
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 1,750.00

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	erang sejita Perang sejita	\$ 0.00
4. Total from Schedule F		\$ 106,096,741 £
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 106,096,741 £

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B6A (Official Form 6A) (12/07)

In re	Michael Moshe Cohen	,	Case No.	
-	Debtor		(If known)	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Single Family Residence 7 Stanford Court, W. Orange, NJ	Marital Residence	J	402,000.00	497000
	To	tal ≻	402,000.00	

(Report also on Summary of Schedules.)

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B 6B (Official Form 6B) (12/07)

111 10	Michael Moshe Cohen	, Case No	•
_	Debtor		(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		On debtor's person	Н	100.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	x			
3. Security deposits with public utilities, telephone companies, landlords, and others.	x			
Household goods and furnishings, including audio, video, and computer equipment.		At residence, television, vcr, small stereo, furniture, kitchen appliances, laundry appliance	J	800.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.				
6. Wearing apparel.		Men's clothing and shoes at residence	Н	500.00
7. Furs and jewelry.		At residence, 1 watch	Н	100.00
8. Firearms and sports, photographic, and other hobby equipment.				
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	х			
10. Annuities. Itemize and name each issuer.	x			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	х			

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B 6B (Official Form 6B) (12/07) -- Cont.

In re	Michael Moshe Cohen	_, Case No	
	Debtor		(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, 30INT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	×			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		966,000 shares of Proteonomix, Inc. 1/3 of Coby Enterprises	Н	9,660.00
14. Interests in partnerships or joint ventures. Itemize.	x			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	Х			
16. Accounts receivable.	х			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	×			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.				
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	×			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	х			

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B 6B (Official Form 6B) (12/07) -- Cont.

In re_	Michael Moshe Cohen	, Case	No.
	Debtor		(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	Х			
23. Licenses, franchises, and other general intangibles. Give particulars.	×			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	×			·
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2010 Infiniti Q56 SUV	J	0.00
26. Boats, motors, and accessories.	×			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	×			
29. Machinery, fixtures, equipment, and supplies used in business.	x			
30. Inventory.	Х			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	x			
33. Farming equipment and implements.	x			
34. Farm supplies, chemicals, and feed.				
35. Other personal property of any kind not already listed. Itemize.	x			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

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B6C (Official Form 6C) (04/13)

In re	Michael Moshe Cohen	Case No.	
	Debtor		(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)

☐ 11 U.S.C. § 522(b)(2)
☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Single Family Residence 7Stanford Ct,W.Orange NJ	11U.S.C.§522(d)(1),(d)(5)	0.00	0.00
TV,VCR, Stereo, Furniture, Kitchen Appliances	11U.S.C.§522(d)(3)	600.00	600.00
Laundry Appliances	11U.S.C.§522(d)(3)	200.00	200.00
Men's Clothing/Shoes at Residence	11U.S.C.§522(d)(3)	500.00	500.00
At Residence, 1 Watch	11U.S.C.§522(d)(3)	100.00	100.00
2010 Infinity Q56 SUV	11U.S.C.§522(d)(2)	2,400.00	0.00
966,000 Shares of PROT 1/3 of Coby Enterprises	11U.S.C.§522(d)(10)(e)	9,660.00	9,660.00

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B 6D (Official Form 6D) (12/07)			
In re Michael Moshe Cohen ,	Case No.		
Debtor		(If known)	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

HUSBAND, WIFE, JOINT, OR COMMUNITY AMOUNT OF CLAIM UNSECURED CREDITOR'S NAME AND DATE CLAIM WAS JNLIQUIDATED CONTINGENT CODEBTOR PORTION, IF MAILING ADDRESS INCURRED, WITHOUT DISPUTED DEDUCTING VALUE ANY INCLUDING ZIP CODE AND NATURE OF LIEN, AN ACCOUNT NUMBER AND OF COLLATERAL DESCRIPTION (See Instructions Above.) AND VALUE OF **PROPERTY** SUBJECT TO LIEN ACCOUNT NO.0016095432 First Mortgage on residence at 7 Select Porfolio Svcin Stanford Court PO Box 65250 461,690.00 J 4/1/2007 Salt Lake City, UT 84165 VALUE \$402,000.00 ACCOUNT NO.680358660 2nd mortgage on Green Tree Servicing L 7 Stanford Court 332 Minnesota St STE 610 37,312.00 J 4/1/2007 Saint Paul, MN 55101 VALUE \$ 37,312.00 ACCOUNT NO.620621092183 1st lien car loan 6206210921832 on 2010 Infiniti Capital One Auto Finance 18,189.00 J Q56 3901 Dallas Pkwy Plano, TX 75903 VALUE \$ 12,000.00 Subtotal ▶ \$ \$ continuation sheets (Total of this page) 517,191.00 attached Total ▶ \$ \$ 517,191.00

(Use only on last page)

(If applicable, report

also on Statistical Summary of Certain Liabilities and Related

Data.)

(Report also on Summary of

Schedules.)

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B6E (Official Form 6E) (04/13)

In re	Michael Moshe Cohen	,	Case No.	
_	Debtor		(if known)	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
Domestic Support Obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, o responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying

independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form	n 6E) (04/13) – Cont.				
In re Micha	ael Moshe Cohen	, , ,	Case No	(if hyayya)	
	Debior		((I) KNOWN)	
Certain farm	mers and fishermen				
Claims of certa	in farmers and fishermen, up to	\$6,150* per farmer or fishe	erman, against the deb	tor, as provided in 11 U.S.C. § 507(a)(6).	
Deposits by	individuals				
	viduals up to \$2,775* for deposit livered or provided. 11 U.S.C. §		r rental of property or	services for personal, family, or household	use,
☐ Taxes and C	Certain Other Debts Owed to G	Governmental Units			
Taxes, customs	s duties, and penalties owing to f	federal, state, and local gov	ernmental units as set	forth in 11 U.S.C. § 507(a)(8).	
Commitmen	nts to Maintain the Capital of a	an Insured Depository Ins	titution		
Claims based of Governors of the § 507 (a)(9).	on commitments to the FDIC, RT Federal Reserve System, or the	FC, Director of the Office of ir predecessors or successors	f Thrift Supervision, C rs, to maintain the cap	Comptroller of the Currency, or Board of ital of an insured depository institution. 11	U.S.C
Claims for I	Death or Personal Injury While	e Debtor Was Intoxicated			
	th or personal injury resulting frosubstance. 11 U.S.C. § 507(a)(1		r vehicle or vessel whi	ile the debtor was intoxicated from using ald	cohol,
* Amounts are su adjustment.	ubject to adjustment on 4/01/16,	and every three years there	after with respect to c	cases commenced on or after the date of	

continuation sheets attached

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B6E (Off	icial Form 6E) (04/13) – Cont.			
In re	Michael Moshe Cohen	,	Case No.	
	Debtor			(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

							ype of Friority to		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Account No.									
Account No.									
		a se si delle se							
Account No.									
						!			
	į								
Sheet noof continuation sheets attached Creditors Holding Priority Claims	ed to Sc	hedule of	(T	otals of	Subtota Tthis pa		\$	\$	
			(Use only on last page of t Schedule E. Report also o of Schedules.)	he com	Tota pleted	al➤	\$		
			(Use only on last page of t Schedule E. If applicable, the Statistical Summary of Liabilities and Related Da	report Certai	also or			\$	\$

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B 6F (Official Form 6F) (12/07)

In re Michael Moshe Cohen ______, Case No. ______

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(if known)

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H." "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY AMOUNT OF CREDITOR'S NAME. DATE CLAIM WAS **JNLIQUIDATED** CONTINGENT CODEBTOR **MAILING ADDRESS INCURRED AND CLAIM** DISPUTED INCLUDING ZIP CODE, CONSIDERATION FOR AND ACCOUNT NUMBER CLAIM. (See instructions above.) IF CLAIM IS SUBJECT TO SETOFF, SO STATE. 4/1/1985 ACCOUNT NO. Multiple Account Credit card charges American Express Н 36.000.00 PO box 297871 Fort Lauderdale FL 33329 ACCOUNT NO.160014XXXX 4/1/2011 Medical service copay Amity Associates Н 30.00 PO Box 123 Mount Freedom, NJ 07970 6/1/2012 ACCOUNT NO.12245XXXX credit card charges Asset Acceptance LLC Н 3,382.00 PO Box 1630 Warren, MI 48090 9/1/2011 ACCOUNT NO.11322XXXX credit card charges Asset Acceptance LLC Н 1.372.00 PO Box 1630 Warren, MI 48090 40,784.00 Subtotal**>** 12 continuation sheets attached \$ Total≯ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical

Summary of Certain Liabilities and Related Data.)

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B 6F (Official Form 6F) (12/07) - Cont.

In re	re Michael Moshe Cohen ,		Case No	
_	Debtor			(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO00002887046XXX			4/1/2006				
Barclays Bank Delaware 125 S. West Street Wilmington, DE 19801		н	credit card charges				10,524.00
ACCOUNT NO00001829017XXX)			8/1/2005				
Barclays Bank Delaware 125 S. West Street Wilmington, DE 19801		н	credit card charges				10,573.00
ACCOUNT NOBCCC201207878X			2012				
Berks Credit & Collection 900 Corporate Drive Reading, PA 19605		Н	Telephone fee				125.00
ACCOUNT NO.1388XXXX			2/1/2010				
Cavalry Portfolio Service PO Box 27288 Tempe, AZ 85285		н	Credit card charges				3,188.00
ACCOUNT NO.43885760XXXX			5/1/2007				
Chase PO Box 15298 Wilmington, DE 19850		Н	Credit card charges		:		12,555.00
Sheet no. 1 of 12 continuation sh to Schedule of Creditors Holding Unsecure Nonpriority Claims		uched			Sub	total➤	\$ 36,965.00
		(Report	(Use only on last page of the also on Summary of Schedules and, if app Summary of Certain Liabi	licable o	ed Sched n the Sta	tistical	\$

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen	,	Case No.	
-	Debtor		(if known)	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 42668411XXXX Chase PO Box 15298 Wilmington, DE 19850		н	3/1/2007 Credit card charges				8,911.00
ACCOUNT NO. 46401820XXXX Chase PO Box 15298 Wilmington, DE 19850		Н	3/1/2006 Credit card charges				5,558.00
ACCOUNT NO. 444796214956X Credit One Bank NA PO Box 98875 Las Vegas, NV 89193		Н	11/1/2007 Credit Card charges				2,000.00
Eastern Account System 75 Glen Rd, Suite 110 Sandy Hook, CT 06482		Н	5/1/2013 Credit Card charges				569.00
ACCOUNT NO. 430395689XXXX MCYDSNB 9111 Duke Blvd. Mason, OH 45040		Н	6/1/2006 Credit card charges				1,261.00
Sheet no. 2 of 12 continuation st to Schedule of Creditors Holding Unsecure Nonpriority Claims		ached			Sub	total➤	\$ 18,299.00
Total ➤ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen	,	Case No.
	Debtor	_	(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 430395689XXXX MCYDSNB 9111 Duke Blvd. Mason, OH 45040		Н	7/1/2005 Credit Card charges				605.00
ACCOUNT NO. 855692XXXX Midland Funding 8875 Aero Dr., Ste 200 San Diego, CA 92123		Н	12/1/2012 Credit card charges				11,434.00
ACCOUNT NO. 855683XXXX Midland Funding 8875 Aero Dr., Ste 200 San Diego, CA 92123		Н	12/1/2012 Credit card charges				11,487.00
ACCOUNT NO. 853156XXXX Midland Funding 8875 Aero Dr., Ste 200 San Diego, CA 92123		Н	8/1/2009 Credit card charges				669.00
ACCOUNT NO. 60346216XXXX SYNCB/SYMS PO Box 981439 El Paso, TX 79998		Н	8/1/2005 Credit card charges				1,183.00
Sheet no. 3 of 12 continuation st to Schedule of Creditors Holding Unsecure Nonpriority Claims		nched			Sub	total➤	\$ 25,378.00
		(Report a	(Use only on last page of the also on Summary of Schedules and, if appl Summary of Certain Liabil	licable o	ed Sched n the Sta	tistical	\$

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen	,	Case No.	
_	Debtor	· ·	(if known)	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 43558310XXXX Applied Bank 660 Plaza Drive Newark, DE 19702		н	12/1/2011 Credit Card charges				1,254.00
ACCOUNT NO. 18200000XXXX Chase/CC PO Box 15298 Wilmington, DE 19850		Н	6/1/2005 Credit Card charges				1,500.00
ACCOUNT NO. 444796214699X Credit One Bank NA PO Box 98875 Las Vegas, NV 89193		Н	11/1/2007 Credit Card charges				2,293.00
ACCOUNT NO. 0XXX Bank of America PO Box 982235 El Paso, TX 79998		Н	5/1/2007 Credit Card charges				10,000.00
ACCOUNT NO. 526835011414X Capital One 26525 N. Riverwoods Blvd. Mettawa, IL 60045		н	10/1/2012 Credit card charges				281.00
Sheet no. 4 of 12 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Subtotal➤							\$ 15,328.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen	,	Case No	
-	Debtor		(if known)	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM		
ACCOUNT NO.			2012-2014						
Joseph Kushner Academy 110 South Orange Ave Livingston, NJ 07039		J	Tuition for grammar and middle schools for dependent children				70,000.00		
ACCOUNT NO.			1994						
Arnold Lederman 45 East 89th Street New York, NY 10128		н	Loans				472,000.00		
ACCOUNT NO.			2011						
Henry Mandil 14 Thames Drive Livingston, NJ 07039		Н	Loans	:			100,000.00		
ACCOUNT NO.			2012						
Law Offices of Alan Futerfas 565 Fifth Ave, 7th Floor New York, NY 10017		Н	н	H	Legal Fees				70,000.00
ACCOUNT NO.			2012						
Shulman, Rogers, Gandal, Pordy 12505 Park Potomac Ave, 6th Floor Potomac, MD 20854		Н	Legal Fees				110,000.00		
Sheet no. 5 of 12 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					\$ 822,000.00				
i i							\$		

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen	 Case No.
_	Debtor	 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Steven Byle 7332 Stake Bottom Road Sealy, TX 77474		Н	2009 Loans				658,332.00
ACCOUNT NO. Family Medical Services 1 Woodbridge Center, Ste 400 Woodbridge, NJ 07095		н	2012 Medical Services for Debtor and dependents				2,000.00
ACCOUNT NO. Saint Barnabas Hospital 94 Old Short Hills Rd Livingston, NJ 07039		Н	2012 Medical Services				12,000.00
ACCOUNT NO. Summit Medical Group 150 Floral Avenue New Providence, NJ 07974		Н	2012 Medical Services for depenmdents				2,000.00
ACCOUNT NO. The Port Authority of NY & NJ (EZ Pass) PO Box 15186 Albany, NY 12212-5186		Н	2012 Tolls				1,000.00
Sheet no. 6 of 12 continuation sh to Schedule of Creditors Holding Unsecure Nonpriority Claims	neets atta	ched			Sub	total➤	\$ 675,332.00
_ ` ` ` 							\$

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen	,	Case No.	
	Debtor		(if known)	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. PNC Bank 249 Fifth Avenue 1 PNC Plaza Pittsburgh, PA 15222		Н	2011-2012 Closed Account balances				5,000.00
ACCOUNT NO. CitiBank 100 Citibank Drive San Antonio 78245		Н	2012-2014 Closed Account balances				5,000.00
Dr. Vitaly A. Fishbein, MD 401 Pleasant Valley Way West Orange, NJ 07052		н	2012 Medical Services				1,000.00
ACCOUNT NO. AmeriHealth Service Center PO Box 41574 Philadelphia, PA 19101-1574		Н	2014 Medical Insurance				9,400.00
ACCOUNT NO. United Concordia Companies, Inc. PO Box 69444 Harrisburg, PA 17106-9444		Н	2014 Dental Insurance				700.00
Sheet no. 7 of 12 continuation sh to Schedule of Creditors Holding Unsecure Nonpriority Claims	eets atta	ched			Subt	total➤	\$ 21,100.00
Total ➤ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						\$	

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen	 Case No.	
	Debtor	(if known)	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM		
ACCOUNT NO.			2014						
Mark Ast & RGen 3 Peter Cooper Road, Apt 14A New York, NY 10010		Н	Arbitration Award			-	55,000.00		
ACCOUNT NO. 5178006401418			August 1, 2013						
5178006401418407 First Premier Bank Card Services PO Box 5624 Sioux Falls, SD 57117		Н	Credit Card Charges				700.00		
ACCOUNT NO.		н		2012					
Shareholders of Proteonomix, Inc.			Potential Claims for losses incurred due to role as CEO of compay	х	x	x	100,000,000.00		
ACCOUNT NO.			8/1/2010						
4227097431133003 Applied Bank PO Box 17120 Wilmington DE 19886		Н	н	Н	Credit card charges			1	500.00
ACCOUNT NO.			2011						
Kenneth Steiner 1 Woodbridge Center Woodbridge, NJ 07095		Н	Loan				2,500.00		
Sheet no. 8 of 12 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							\$ 100,058,700.00		
Total> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						\$			

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen	 Case No.
	Debtor	(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Clemans Vanderwerf 900 SE 6th Court Ft. Lauderdale, FL 33301		Н	2012 Contribution for litigation losses as Partner in Partnerships	X			589,034.65
ACCOUNT NO. Steven Byle 7332 Steck Bottom Road Sealy, TX 77474		Н	2012 Contribution for litigation losses as Partner in Partnerships	х			589,034.65
Dockwise Yacht Transport 1535 SE 17th Street Ft. Lauderdale, FL 33316		Н	2012 Liability for losses in Partrnerships	Х			250,000.00
ACCOUNT NO. Kennedy Ven Der Laan Haarleemerweg 333, 1051 LH Amsterdam, Netherlands		Н	2012 Losses from Partnerships	х			100,000.00
ACCOUNT NO. Leenaars Marine & Offshore Design BV Pascelweg 19 3225LE Hellevoetsluis, Netherlands		Н	2012 Losses from Partnerships	Х			239,034.65
Sheet no. 9 of 12 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Subtotal➤							\$ 1,767,103.95
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						\$	

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen ,	Case No.
_	Debtor	(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. United States Securities and Exchange Commission		Н	2014 Potential disgorgement, penalties and interest	×			2,000,000.00
ACCOUNT NO. Roger Fidler, Esq. 145 Highview Terrace Hawthome, NJ 07506		Н	2011 Legal Services	х			50,000.00
ACCOUNT NO. 5268350114148831 Best Buy/CBNA 50 NorthWest Point Road Elk Grove Village IL 60007		Н	10/2012 Credit Card				350.00
ACCOUNT NO. 5155990078322900 Capital One Bank PO Box 85520 Richmond VA 23285		Н	3/2012 Credit Card				350.00
ACCOUNT NO. 4802138193252442 Capital One Bank PO Box 85520 Richmond VA 23285		Н	12/2011 Credit Card				1,350.00
Sheet no. 10 of 12 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Subtotal►						otal➤	\$ 2,052,050.00
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						ile F.) istical	\$

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen	,	Case No.
	Debtor	_	(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5178059263901564 Capital One Bank PO Box 85520 Richmond VA 23285		Н	7/2011Credit Card				1,350.00
ACCOUNT NO. 4120614063360254 Merrick Bank PO Box 9201 Old Bethpage NY 11804		Н	7/2012				1,350.00
ACCOUNT NO. 60457810XXXX3975 SYNC/Amazon PO Box 965015 Orlando FL 32896		Н	8/2013 Credit Card				800.00
ACCOUNT NO. 6044071040661049 SYNC/Amazon PO Box 965015 Orlando FL 32896		Н	7/2013 Credit Card				300.00
ACCOUNT NO. Congregation AABJ&D 700 Pleasent Valley Way West Orange NJ 07052		J	1/2002 Synagogue Dues				14,100.00
Sheet no. 11 of 12 continuation to Schedule of Creditors Holding Unsecunonpriority Claims	sheets atta	ched			Sub	total➤	\$ 17,900.00
		(Report a	(Use only on last page of the also on Summary of Schedules and, if app Summary of Certain Liabi	licable o	ed Sched n the Sta	tistical	\$

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B 6F (Official Form 6F) (12/07) - Cont.

In re	Michael Moshe Cohen	,	Case No.	
	Debtor	,		(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM			
ACCOUNT NO.			Judgment 6/2014							
853156XXX Midland Funding LLC 8875 Aero Drive Suite 200 San Diego, CA 92123	:	Н	DC-8132-12 Superior Court of NJ Essex County				802.00			
ACCOUNT NO.			Contingent Liability							
Henry Mandil 14 Thames Drive Livingston, NJ 07039	,	Н				From Various Corporate Entities				545,000.00
ACCOUNT NO.										
							i i			
ACCOUNT NO.										
ACCOUNT NO.										
Sheet no. 12 of 12 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Subtotal➤							\$ 545,802.00			
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$106,096,741.95			

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	Debtor		'	(if known)
In re	Michael Moshe Cohen	,	Case No.	
B 6G (0	Official Form 6G) (12/07)			

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

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B 6H (Official Form 6H) (12/07)

In re Michael Moshe Cohen ,	Case No
Debtor	(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

\checkmark	Check this	box if	debtor	has	no	codebtors.
--------------	------------	--------	--------	-----	----	------------

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR					

Fill in this information	to identify y	our case:					
Michael	Moshe	Cohen					
Debtor 1 First Name		Middle Name	Last Name				
Debtor 2 (Spouse, if filing) First Name		Middle Name	Last Name				
United States Bankruptcy C	ourt for the:	District of New Jersey					
Case number					Check if	this is:	
(If known)					An ar	mended filing	
						oplement showing post- er 13 income as of the	
<u>Official Form B</u>	61				MM / D	DD / YYYY	
Schedule I	: You	r Income					12/13
supplying correct inforn If you are separated and separate sheet to this fo	nation. If yo your spou	esible. If two married ped u are married and not fili se is not filing with you, o top of any additional pag	ing jointly, and ye do not include in	our spe format	ouse is living with ion about your sp	you, include information ouse. If more space is ne	about your spouse. eded, attach a
Fill in your employment information.	ent		Debtor 1			Debtor 2 or non-fili	ng spouse
If you have more than attach a separate pag information about add employers.	e with	Employment status	Employed Not employ	yed		Employed Not employed	
Include part-time, sea	sonal, or		Mand	•		lamasi	
self-employed work.	فممانية مام	Occupation	Manageme	nt		Social Worker	
Occupation may Inclu or homemaker, if it ap		Employer's name	None			Jewish Family S	ervices
		Employer's address	None Number Street			925 Allwood Roa Number Street	ıd
			- Street				
						Clifton	NJ 07012
			City	Stat	e ZIP Code		State ZIP Code
		How long employed the	re?	-		7 months	
Part 2: Give Deta	nils About	Monthly Income					
Estimate monthly inc		the date you file this form	n. If you have noth	ning to	report for any line, v	vrite \$0 in the space. Inclu	de your non-filing
If you or your non-filing	g spouse ha	ve more than one employe tach a separate sheet to th		ormatio	on for all employers	for that person on the line	3
					For Debtor 1	For Debtor 2 or non-filing spouse	
		ry, and commissions (be calculate what the monthly		2.	\$0.00	\$ <u>1.000.00</u>	
3. Estimate and list mo	onthly over	time pay.		3.	+ \$ 0.00	+ \$0.00	
4. Calculate gross inc	ome. Add lir	ne 2 + line 3		4.	\$ 0.00	\$ 1,000.00	

Official Form B 6I Schedule I: Your Income page 1

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Debtor 1	Michael Moshe Cohen First Name Middle Name Last Name		Cas	se number (# k	nown)				
			For	Debtor 1			ebtor 2 or ling spouse		
Сор	y line 4 here	→ 4.	\$	0.00		\$	1,000.00		
5. List	all payroll deductions:								
5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00		\$	76.39		
5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	•	\$	0.00		
5c.	Voluntary contributions for retirement plans	5c.	\$	0.00		\$	0.00		
5d.	Required repayments of retirement fund loans	5d.	\$	0.00		\$	0.00		
5e.	Insurance	5e.	\$	0.00		\$	0.00		
5f.	Domestic support obligations	5f.	\$	0.00		\$	0.00		
5g.	Union dues	5g.	\$	0.00		\$	0.00		
	Other deductions. Specify: student loan, disability/UI	5h.	+ \$	0.00		+ \$	153.25		
	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	\$	0.00		\$	229.64		
7. Ca	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00		\$	770.36		
8. Lis t	all other income regularly received:								
8a.	Net income from rental property and from operating a business, profession, or farm								
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00		\$	0.00		
8b	Interest and dividends	8b.	\$	0.00		\$	0.00		
8c.	Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00		\$	0.00		
8d.	Unemployment compensation	8d.	\$2	,332.00		\$	0.00		
8e	Social Security	8e.	\$	0.00		\$	0.00		
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP	nce 8f.	\$	750.00		\$	0.00		
8g.	Pension or retirement income	8g.	\$	0.00		\$	0.00		
8h.	Other monthly income. Specify:	8h.	+ \$	0.00		+ \$	0.00		
9. Ad	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_3	,082.00		\$_	0.00		
	ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_3	,082.00	+	\$	770.36	= \$_	3,852.36
Inclu	e all other regular contributions to the expenses that you list in Scheide contributions from an unmarried partner, members of your household, a rifiends or relatives.			nts, your roo	mm	ates, ar	nd		
_	ot include any amounts already included in lines 2-10 or amounts that are cify:	not av	ailable	to pay expei	nses	listed i		+ \$	0.00
•	the amount in the last column of line 10 to the amount in line 11. The	racult	ie tha a	ombined ma	nth	ly incom		<u> </u>	
	e that amount on the Summary of Schedules and Statistical Summary of C					-		\$ Corr	3,852.36 bined
13. Do	you expect an increase or decrease within the year after you file this to	form?						mon	thly income
$\overline{\mathbf{V}}$	Yes. Explain: Decrease due to end of unemployment in July	y, 201	4.						

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Fill i	in this information to identify	your case:			
Debte	or 1 Michael Moshe	Cohen	Charle if the	i	
Debte	First Name	Middle Name Last Name	Check if thi		
	or 2 ise, if filing) First Name	Middle Name Last Name		ended filing ement showing post	t-netition chanter 13
Unite	ed States Bankruptcy Court for the:	District of New Jersey		es as of the following	
Case (If kn	numberown)		MM / DD		
		****		rate filing for Debtor ns a separate house	2 because Debtor 2
	cial Form B 6J	_	maintai	ns a separate nouse	, note
Sc	hedule J: Yo	ur Expenses			12/13
inform	nation. If more space is need own). Answer every question				
1. Is ti	his a joint case?				
\checkmark	No. Go to line 2.				
	Yes. Does Debtor 2 live in a	separate household?			
	No				
	Yes. Debtor 2 must fil	le a separate Schedule J.	and the control of th		
	you have dependents?	No	Dependent's relationship to	Dependent's	Does dependent live
	not list Debtor 1 and otor 2.	✓ Yes. Fill out this information for each dependent		age	with you?
	not state the dependents' nes.		Daughter		Yes
			Son	10	No √ Yes
			Son	13	No
					Yes
					No
					Yes
			 		No Yes
exp	your expenses include lenses of people other than irself and your dependents?	□ No ✓ Yes			
Part 2	<u> </u>	ing Monthly Expenses			
		r bankruptcy filing date unless you a nkruptcy is filed. If this is a suppleme			
applic	able date.				
	•	n-cash government assistance if you		Your expe	onese
		ded it on Schedule I: Your Income (C	,	***************************************	
	y rent for the ground or lot.	expenses for your residence. Include	mst mongage payments and	4. \$	3,996.64
lf i	not included in line 4:				
4a	. Real estate taxes			4a. \$	
4b	. Property, homeowner's, or r	renter's insurance		4b. \$	400.00
4c.	. Home maintenance, repair,	and upkeep expenses		4c. \$	400.00
4d	. Homeowner's association o	r condominium dues		4d. \$	

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			Your e	xpenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	462.05
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	500.00
	6b. Water, sewer, garbage collection	6b.		62.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.		300.00
	6d. Other Specify:	6d.	<u> </u>	0.00
7.	Food and housekeeping supplies	7.	\$	1.200.00
8.	Childcare and children's education costs	8.	\$	
9.	Clothing, laundry, and dry cleaning	9.		100.00
10.	Personal care products and services	10.		200.00
11.	Medical and dental expenses	11.		1.000.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	400.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.		2,000.00
	15c. Vehicle insurance	15c.		250.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	654.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc.	ome.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor 1	Michael			Case number (if known)					
21. Oth	First Name er. Specify:	Middle Name	Last Name	21.	+\$	0.00			
	r monthly exper		through 21.	22.	\$	19,062.69			
23. Calc 23a.	ulate your montl Copy line 12 (yo	•	onthly income) from Schedule I.	23a.	\$	3,852.36			
23b.	Copy your mont	thly expenses fro	om line 22 above.	23b.	-\$	19,062.69			
23c.	,	onthly expenses ur monthly net in	from your monthly income.	23c.	\$	-15,210.33			
For e	example, do you e	expect to finish p increase or decr	ase in your expenses within the ye aying for your car loan within the ye ease because of a modification to th	ar or do you expect your ne terms of your mortgage?					
			receive a mortgage modifica						

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B6 Declaration (Official Form 6 - Declaration) (12/07)

In re	Michael Moshe Cohen	,	Case No.	
	Debtor			(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

1 - 1	
Date 6/30/14	Signature:
e / · · ·	Debtor
Date	Signature:(Joint Debtor, if any)
	[If joint case, both spouses must sign.]
	OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
the debtor with a copy of this document and the notices and info	petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided immation required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum accepting any fee from the debtor, as required by that section.
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer	Social Security No. (Required by 11 U.S.C. § 110.)
who signs this document.	e name, title (if any), address, and social security number of the officer, principal, responsible person, or partner
And Andrew Control of the Control of	
Address	
X	Date Date
Names and Social Security numbers of all other individuals who	prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:
If more than one person prepared this document, attach addition	nal signed sheets conforming to the appropriate Official Form for each person.
A bankruptcy petition preparer's failure to comply with the provision:	s of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110.
A bankruptcy petition preparer's failure to comply with the provision: 18 U.S.C. § 156.	
A bankruptcy petition preparer's failure to comply with the provision: 18 (U.S.C. § 156. DECLARATION UNDER PENALT I, the [the prepartnership] of the read the foregoing summary and schedules, consisting of _3	y OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP
A bankruptcy petition preparer's failure to comply with the provision: 18 U.S.C. § 156. DECLARATION UNDER PENALT I, the [the prepartnership] of the read the foregoing summary and schedules, consisting of _3 knowledge, information, and belief.	Y OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP esident or other officer or an authorized agent of the corporation or a member or an authorized agent of the [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have sheets (Total shown on summary page plus I), and that they are true and correct to the best of my
A bankrupicy petition preparer's failure to comply with the provision: IR U.S.C. § 156. DECLARATION UNDER PENALT I, the [the prepartnership] of the read the foregoing summary and schedules, consisting of _3 knowledge, information, and belief.	Y OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP esident or other officer or an authorized agent of the corporation or a member or an authorized agent of the
A bankruptcy petition preparer's failure to comply with the provision: 18 U.S.C. § 156. DECLARATION UNDER PENALT I. the	Y OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP esident or other officer or an authorized agent of the corporation or a member or an authorized agent of the [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have sheets (Total shown on summary page plus I), and that they are true and correct to the best of my

UNITED STATES BANKRUPTCY COURT

District of New Jersey

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. \$112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

2014 None 2012-13 189,567

Proteonomix

2

B7 (Official Form 7) (04/13) 2. Income other than from employment or operation of business State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) **AMOUNT** SOURCE \$9,000 **Unemployment Compensation** 3. Payments to creditors Complete a. or b., as appropriate, and c. a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) NAME AND ADDRESS OF CREDITOR DATES OF AMOUNT **AMOUNT PAYMENTS** STILL OWING PAID b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) NAME AND ADDRESS OF CREDITOR **DATES OF AMOUNT AMOUNT** PAYMENTS/ PAID OR STILL **TRANSFERS** VALUE OF **OWING TRANSFERS**

Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

Mark Ast v Michael Cohen Case No. 12-cv-9434

Civil

U.S.District Court Southern Dist. NY Settled

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT TERMS OF ASSIGNMENT OR SETTLEMENT



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT

DATE OF ORDER

DESCRIPTION AND VALUE

4

CASE TITLE & NUMBER

Of PROPERTY

7. Gifts



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

TO DEBTOR, IF ANY

RELATIONSHIP

DATE OF GIFT DESCRIPTION AND VALUE OF GIFT

8. Losses



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART

DATE OF LOSS

BY INSURANCE, GIVE PARTICULARS

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

Springboard.org, a non-profit consumer credit counseling

June 16, 2014 paid by Roger Fidler

\$49 cash

company

10. Other transfers



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S

INTEREST IN PROPERTY

11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE AMOUNT AND DATE OF SALE OR CLOSING

Citibank

Joint checking with wife,

2013

East Hanover Branch(closed)

negative balance of appox. \$3,000

12. Safe deposit boxes



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS

NAMES AND ADDRESSES OF THOSE WITH ACCESS DESCRIPTION

DATE OF TRANSFER OR SURRENDER,

6

OF BANK OR OTHER DEPOSITORY

TO BOX OR DEPOSITORY

CONTENTS

IF ANY

13. Setoffs



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor



If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None
V

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME

NAME AND ADDRESS

DATE OF

ENVIRONMENTAL

7

AND ADDRESS

OF GOVERNMENTAL UNIT

NOTICE

LAW



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME

NAME AND ADDRESS

DATE OF

ENVIRONMENTAL

AND ADDRESS

OF GOVERNMENTAL UNIT

NOTICE

LAW



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or

8

other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

M and	NAME onomix,Inc d N Cohen, ancyCo,	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS 145 Highview Terrace,H	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Inc.JS	SM Asset gment Inc.	455185575,1339685 85,274525274,0560,	awthorne, NJ 070	Bio Medical Consulting	1/2005;2013;1/199 9-12/2011;1/2012-1
None	•	ny business listed in response to U.S.C. § 101.	o subdivision a	., above, that is "single asset	real estate" as
	NAME		ADDRESS		

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements



a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED



b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

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B7 (Off	ficial Form 7) (04/13)		
None	c. List all firms or individuals books of account and records o	who at the time of the commencement of the debtor. If any of the books of	ent of this case were in possession of the account and records are not available, explain.
	NAME		ADDRESS
Mich	nael Moshe Cohen		7 Stanford Court, West Orange, NJ 07052
None	d. List all financial institutions financial statement was issued by	, creditors and other parties, including the debtor within two years imm	ng mercantile and trade agencies, to whom a nediately preceding the commencement of this case.
	NAME AND ADDRESS		DATE ISSUED
	20. Inventories		
None	 a. List the dates of the last two taking of each inventory, and th 	inventories taken of your property, e dollar amount and basis of each in	the name of the person who supervised the niventory.
	DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
None	b. List the name and address of in a., above.	the person having possession of the	e records of each of the inventories reported
	DATE OF INVENTORY		NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
	21 . Current Partners, Officer	s, Directors and Shareholders	
None	a. If the debtor is a partners partnership.	ship, list the nature and percentage	of partnership interest of each member of the
	NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
None	 b. If the debtor is a corpo directly or indirectly owns, corporation. 	oration, list all officers and directors controls, or holds 5 percent or more	of the corporation, and each stockholder who e of the voting or equity securities of the
	NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL



b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER-IDENTIFICATION NUMBER (EIN)

25. Pension Funds.



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER-IDENTIFICATION NUMBER (EIN)

* * * * * *

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B7 (Official	Form 7) (0-	4/13)					1
			ury that I have read the and that they are true and		d in the foregoing	statement of finan	icial affairs
1	Date(6/30/14	Signat	ure of Debtor _	Je		
Ī	Date		Signature of Joint D	ebtor (if any) _			
	f completed	on behalf of a partners	hip or corporation]				
			at I have read the answers correct to the best of my knowle			ncial affairs and any att	achments
Ι	Date		_	Signature			
			Prim	t Name and Title			
	[An	individual signing on	behalf of a partnership or con	rporation must indica	ate position or relation	nship to debtor.]	
			1_continuatio	on sheets attached			
	Penalty fo	r making a false stateme	nt: Fine of up to \$500,000 or i	mprisonment for up to	5 years, or both. 18 t	J.S.C. §§ 152 and 3571	
D	ECLARAT	ION AND SIGNATU	RE OF NON-ATTORNEY	BANKRUPTCY PI	ETITION PREPAR	ER (See 11 U.S.C. § 1	10)
compensation 342(b); and, (and have po 3) if rules of rers, I have g	rovided the debtor with r guidelines have been given the debtor notice	n a bankruptcy petition prep. a copy of this document and promulgated pursuant to 11 of the maximum amount bef	I the notices and info U.S.C. § 110(h) settii	ormation required und ing a maximum fee fo	ler 11 U.S.C. §§ 110(b r services chargeable b), 110(h), and y bankruptey
Printed or T	yped Name	and Title, if any, of Bar	nkruptcy Petition Preparer	Social-Seco	urity No. (Required b	y 11 U.S.C. § 110.)	
If the bankrup responsible pe	tcy petition person, or par	preparer is not an indiv tner who signs this doc	vidual, state the name, title (i cument.	f any), address, and	social-security numb	er of the officer, princi _l	pal,
Address				-			
Signature of	Bankruptcy	Petition Preparer		Date			
Names and So not an individ	cial-Security ial:	numbers of all other is	ndividuals who prepared or a	essisted in preparing	this document unless	the bankruptcy petitio	n preparer is
If more than o	ne person pr	epared this document,	attach additional signed shee	ts conforming to the	appropriate Official I	Form for each person	
A bankruptcy	petition pr		mply with the provisions o			•	nay result in

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B22A (Official Form 22A) (Chapter 7) (04/13)

In re Michael Moshe Cohen
Debtor(s)

Case Number:

(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

The presumption arises.

The presumption does not arise.

The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	ete separate statements ii tiley believe tilis is required by § 707(b)(2)(C).
	Part I. MILITARY AND NON-CONSUMER DEBTORS
	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
10	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries
1C	below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; OR
	b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on , which is less than 540 days before this bankruptcy case was filed.

	Pa	art II. CALCULATION OF MONTHL	Y INCO	ME FOR § 707(b)(7) E	EXCLUSI	ON	Ī
	1	tal/filing status. Check the box that applies and co Unmarried. Complete only Column A ("Debtor	=	= = = = = = = = = = = = = = = = = = =	his s	tatement as	dire	cted.
2	p a	Married, not filing jointly, with declaration of sepenalty of perjury: "My spouse and I are legally se re living apart other than for the purpose of evading complete only Column A ("Debtor's Income") if	parated und ng the requ	der applicable non-banki irements of § 707(b)(2)(ruptc	y law or my	spo	use and I
		Married, not filing jointly, without the declaration Column A ("Debtor's Income") and Column B				2.b above. C	Com	plete both
	d. 🗌	Married, filing jointly. Complete both Column A.	` -	,		3 ("Spouse's	Inc	come") for
-	the siz	gures must reflect average monthly income received calendar months prior to filing the bankruptcy can before the filing. If the amount of monthly incondivide the six-month total by six, and enter the res	ase, ending me varied o	on the last day of the during the six months, yo		Column A Debtor's Income		Column B Spouse's Income
3	Gross	s wages, salary, tips, bonuses, overtime, commis	ssions.			§ 0.0	0 5	1,000.00
4	and end busing Do no	ne from the operation of a business, profession need the difference in the appropriate column(s) of ess, profession or farm, enter aggregate numbers a put enter a number less than zero. Do not include a sed on Line b as a deduction in Part V.	Line 4. If and provide	you operate more than or details on an attachmen	ne			
	a.	Gross receipts	\$	0.00				
	b.	Ordinary and necessary business expenses	\$	0.00				
	c.	Business income	Subtract	Line b from Line a		\$ 0.0	0 5	0.00
	in the	and other real property income. Subtract Line appropriate column(s) of Line 5. Do not enter a rart of the operating expenses entered on Line be	number less	s than zero. Do not inclu				
5	a.	Gross receipts	\$	0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00				
	c.	Rent and other real property income	Subtract	Line b from Line a		\$ 0.0	0 9	0.00
6	Intere	est, dividends and royalties.				\$ 0.0	0 \$	0.00
7	Pensi	on and retirement income.				\$ 0.0	0 \$	0.00
8	expen purpo your s	mounts paid by another person or entity, on a ses of the debtor or the debtor's dependents, in see. Do not include alimony or separate maintenar pouse if Column B is completed. Each regular pan; if a payment is listed in Column A, do not repo	icluding cl nce payme syment sho	nild support paid for the nts or amounts paid by uld be reported in only o	ne	\$ 0.0	0 4	0.00
9	Howe was a	ployment compensation. Enter the amount in the ver, if you contend that unemployment compensation benefit under the Social Security Act, do not list ton A or B, but instead state the amount in the space	tion receive he amount	ed by you or your spouse	,	-		·
		nployment compensation claimed to benefit under the Social Security Act Debtor \$ _	2,332.00	Spouse \$0.00		\$ 0.0	0 9	0.00

B 22A (O	fficial Forn	n 22A) (Chapter 7) (04/13)			
10	sources paid by alimon Securit	e from all other sources. Specify source and amount. If necessary, list additional is on a separate page. Do not include alimony or separate maintenance payments by your spouse if Column B is completed, but include all other payments of any or separate maintenance. Do not include any benefits received under the Social by Act or payments received as a victim of a war crime, crime against humanity, or as a of international or domestic terrorism.			
	a.	SNAP \$ 750.00			
	b.	\$			
	Total	and enter on Line 10	\$	750.00	\$ 0.00
11		al of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	750.00	\$ 1,000.00
12	Line 11	Current Monthly Income for § 707(b)(7). If Column B has been completed, add I, Column A to Line 11, Column B, and enter the total. If Column B has not been sted, enter the amount from Line 11, Column A.	\$		1,750.00
		Part III. APPLICATION OF § 707(b)(7) EXCLUSION			
13		lized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 b enter the result.	y the	number	\$ 21,000.00
14	size. (1	able median family income. Enter the median family income for the applicable state a This information is available by family size at www.usdoj.gov/ust/ or from the clerk of ptcy court.)	nd h	ousehold	
	a. Enter	r debtor's state of residence: New Jersey b. Enter debtor's household size:		5	\$ 102,202.00
	Applic	ation of Section 707(b)(7). Check the applicable box and proceed as directed.			
15	The not	e amount on Line 13 is less than or equal to the amount on Line 14. Check the box traise" at the top of page 1 of this statement, and complete Part VIII; do not complete F	for " Parts	The presur	nption does or VII.
	The	amount on Line 13 is more than the amount on Line 14. Complete the remaining p	arts (of this state	ement.

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

16	Enter the amount from Line 12.		\$ 1,750.00
	Line 11, Column B that was NOT paid or	box at Line 2.c, enter on Line 17 the total of any income listed in a regular basis for the household expenses of the debtor or the below the basis for excluding the Column B income (such as	
17	payment of the spouse's tax liability or th	he spouse's support of persons other than the debtor or the debtor's evoted to each purpose. If necessary, list additional adjustments on	

		Part V. CALCU	LATION OF	DEI	OUCTION	NS FROM INCO	ME		
		Subpart A: Deductions	under Stand	ards (of the Inte	ernal Revenue S	ervice (IRS)	· · · · · · · · · · · · · · · · · · ·	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$			
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.								
	Pers	ons under 65 years of age	T	Persons 65 years of age or older					
	al.	Allowance per person		a2.	Allowance	e per person			
	b1.	Number of persons		b2.	Number o	f persons			
	c1.	Subtotal		c2.	Subtotal			\$	
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.								
20В	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from								
	a.	. IRS Housing and Utilities Standards; mortgage/rental expense \$				\$			
	b.	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42			\$				
	c.	Net mortgage/rental expense				Subtract Line b from	m Line a.	\$	
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:								
								\$	

B 22A (Official Fo	orm 22A) (Chapter 7) (04/13)					
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.						
22A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. 0 1 2 or more.						
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.						
	a.	IRS Transportation Standards, Ownership Costs	\$				
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$				
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$						
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$				
:	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
. 25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.						
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.						
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.						
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.						

3 22A (Official Forr	n 22A) (Chapter 7) (04/13)				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
30		Recessary Expenses: childcare. Enter the total average more—such as baby-sitting, day care, nursery and preschool. Ets.			\$	
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.					
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basis home telephone and call phone services.					
33	Total E	spenses Allowed under IRS Standards. Enter the total of	Lines 19 through 3	2.	\$	
.,		Subpart B: Additional Living Ex	xpense Deduction	ons	1	
		Note: Do not include any expenses that yo	-			
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
	a.	Health Insurance	\$			
34	b.	Disability Insurance	\$			
	c.	Health Savings Account	\$			
Total and enter on Line 34 If you do not actually expend this total amount, state your actual total average monthly expenditures in space below:					\$	
	\$					
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.					
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				\$	
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			\$		

^{*}Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

22A (0	1	m 22A) (Chapter 7) (04/1				
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).					
41	Total A	Additional Expense	Deductions under § 707(b). Enter the	e total of Lines 34 thr	ough 40	\$
			Subpart C: Deductions for	Debt Payment		
	you ov Payme total o filing	wn, list the name of t ent, and check wheth f all amounts schedu of the bankruptcy ca	red claims. For each of your debts that he creditor, identify the property secure rethe payment includes taxes or insurabled as contractually due to each Secure se, divided by 60. If necessary, list addonthly Payments on Line 42.	ring the debt, state the ance. The Average Med Creditor in the 60	e Average Monthly Monthly Payment is t months following th	he
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$	☐ yes ☐ no	
	b.			\$	□ yes □ no	
	c.			\$	□ yes □ no	
				Total: Add Lines a, b and c.		\$
Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Property Securing the Debt 1/60th of the Cure Amount						
43		Creditor	Property Securing the Debt		oure Amount	
	a.			\$	71.1071.2	
	b.			\$		
	c.			\$		
				Total: Add Line	es a, b and c	\$
			priority claims. Enter the total amoun			
44	as prio	rity tax, child suppor	rt and alimony claims, for which you wrent obligations, such as those set ou	vere liable at the time	of your bankruptcy	
	Tunng.	Do not include cur	rent obligations, such as those set of	it iii Line 28.		\$

B 22A (C	Official Fo	rm 22A) (Chapter 7) (04/13)					
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.						
	a. Projected average monthly chapter 13 plan payment. \$						
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$			
46	Total	Deductions for Debt Payment. Enter the total of Lines 42 through 45.		\$			
		Subpart D: Total Deductions from Incom	ne				
47	Total	of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 4	1, and 46.	\$			
		Part VI. DETERMINATION OF § 707(b)(2) PRES	SUMPTION				
48	Enter	the amount from Line 18 (Current monthly income for § 707(b)(2))		\$			
49	Enter	the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$			
50	Month	nly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 a	nd enter the result	\$			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.						
	i	presumption determination. Check the applicable box and proceed as dir		1			
	of	The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
52	The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.						
	☐ Th	e amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Co through 55).	mplete the remainder of Pa	rt VI (Lines			
53	Enter the amount of your total non-priority unsecured debt \$						
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. \$						
	l	dary presumption determination. Check the applicable box and proceed a					
55	the	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
	The ari VI	e amount on Line 51 is equal to or greater than the amount on Line 54. ses" at the top of page 1 of this statement, and complete the verification in 1.	Check the box for "The property VIII. You may also co	esumption emplete Part			
		Part VII: ADDITIONAL EXPENSE CLAI	MS				
	and we income	Expenses. List and describe any monthly expenses, not otherwise stated in lfare of you and your family and that you contend should be an additional de under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separe monthly expense for each item. Total the expenses.	eduction from your current	monthly			
56		Expense Description	Monthly Amount				
	a.		\$				
	b. c.		\$ \$	_			
		Total: Add Lines a, b and c	\$				

^{*}Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B 22A (Official Form 22A) (Chapter 7) (04/13)

	Part VIII: VI	ERIFICATION
	I declare under penalty of perjury that the information pr both debtors must sign.)	rovided in this statement is true and correct. (If this is a joint case,
57	Date: 4/30/14	Signature: (Debior)
	Date:	Signature: (Joint Debtor, if any)